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| <b>OFFICE TRANSMITTAL</b>                                | <i>Complete if known</i>  |
|  | Application Number: <b>09/914,224</b>                           |
|  | Filing Date: <b>August 23, 2001</b>                             |
|  | First Named Inventor: <b>Peter Samuel James Cheetham et al.</b> |
|  | Group Art Unit: <b>1761</b>                                     |
|  | Examiner Name: <b>Keith D. Hendricks</b>                        |
| TOT. AMT. OF PAYMENT: (1) + (2) + (3) = \$ <b>680.00</b> | Our File No.: <b>0380-P02653US0</b>                             |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
|--|--|-----------------------|-----------------------|-----------------------------------|------------------------------|--|------------------|---------------------------|--------------------|--|------------------------|--|------------------------------------|---|-------|---|-------|--|-------|---|---|--|-------|------------------|--|--|-------|--------------------------|---|---|-------|--|---------------------|--|-----------------------|-----------|---------------|---------------------------|--------------|-----------------|-------|-------------------------------|-------|---|-------|--|-------|--|-------|---|-------|--|-------|---------------------------|-------|--|--------------------------------------|
| <p>1. The Commissioner is hereby authorized to:</p> <p><input type="checkbox"/> Charge indicated fees</p> <p><input checked="" type="checkbox"/> Charge additional fees</p> <p><input checked="" type="checkbox"/> Credit overpayments</p> <p>to the account of <b>DANN, DORFMAN, HERRELL AND SKILLMAN</b></p> <p>Deposit Account Number <u>04-1406</u></p> <p>2. Payment enclosed:</p> <p>Check in the amount of \$ <u>680.00</u></p>   | <p>3. ADDITIONAL FEES</p> <table><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Surcharge-late filing fee or oath</td><td>_____</td></tr><tr><td>Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr><tr><td>Non-English specification</td><td>_____</td></tr><tr><td>For filing a request for reexamination</td><td>_____</td></tr><tr><td>Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr><tr><td>Requesting publication of SIR after Examiner action</td><td>_____</td></tr><tr><td>Extension for response within first month</td><td>_____</td></tr><tr><td>Extension for response within second month</td><td>_____</td></tr><tr><td>Extension for response within third month</td><td>_____</td></tr><tr><td>Extension for response within fourth month</td><td>_____</td></tr><tr><td>Notice of Appeal</td><td>_____</td></tr><tr><td>Filing a brief in support of an appeal</td><td>_____</td></tr><tr><td>Request for oral hearing</td><td>_____</td></tr><tr><td>Petition to institute a public use proceeding</td><td>_____</td></tr><tr><td>Petition to revive unavoidably abandoned application</td><td>_____</td></tr><tr><td>Petition to revive unintentionally abandoned application</td><td>_____</td></tr><tr><td>Issue fee</td><td><u>650.00</u></td></tr><tr><td>Advance Order (10 copies)</td><td><u>30.00</u></td></tr><tr><td>Publication Fee</td><td>_____</td></tr><tr><td>Petitions to the Commissioner</td><td>_____</td></tr><tr><td>Petitions related to provisional applications</td><td>_____</td></tr><tr><td>Submission of Information Disclosure Stmt.</td><td>_____</td></tr><tr><td>Recording each patent assignment per property (times number of properties)</td><td>_____</td></tr><tr><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>_____</td></tr><tr><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td>_____</td></tr><tr><td>Other fee (specify) _____</td><td>_____</td></tr><tr><td></td><td><b>SUBTOTAL (3) \$ <u>680.00</u></b></td></tr></tbody></table> | Fee Description       | Fee Paid              | Surcharge-late filing fee or oath | _____                        | Surcharge - late provisional filing fee or cover sheet | _____            | Non-English specification | _____              | For filing a request for reexamination | _____                  | Requesting publication of SIR prior to Examiner action | _____                              | Requesting publication of SIR after Examiner action | _____ | Extension for response within first month | _____ | Extension for response within second month | _____ | Extension for response within third month | _____   | Extension for response within fourth month | _____ | Notice of Appeal | _____                                      | Filing a brief in support of an appeal | _____ | Request for oral hearing | _____                                     | Petition to institute a public use proceeding | _____ | Petition to revive unavoidably abandoned application | _____               | Petition to revive unintentionally abandoned application | _____                 | Issue fee | <u>650.00</u> | Advance Order (10 copies) | <u>30.00</u> | Publication Fee | _____ | Petitions to the Commissioner | _____ | Petitions related to provisional applications | _____ | Submission of Information Disclosure Stmt. | _____ | Recording each patent assignment per property (times number of properties) | _____ | Filing a submission after final rejection (37 CFR 1.129(a)) | _____ | For each additional invention to be examined (37 CFR 1.129(b)) | _____ | Other fee (specify) _____ | _____ |  | <b>SUBTOTAL (3) \$ <u>680.00</u></b> |
| Fee Description  | Fee Paid   |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Surcharge-late filing fee or oath  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Surcharge - late provisional filing fee or cover sheet   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Non-English specification  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| For filing a request for reexamination   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Requesting publication of SIR prior to Examiner action   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Requesting publication of SIR after Examiner action  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Extension for response within first month  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Extension for response within second month   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Extension for response within third month  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Extension for response within fourth month   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Notice of Appeal   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Filing a brief in support of an appeal   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Request for oral hearing   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Petition to institute a public use proceeding  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Petition to revive unavoidably abandoned application   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Petition to revive unintentionally abandoned application   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Issue fee  | <u>650.00</u>  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Advance Order (10 copies)  | <u>30.00</u>   |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Publication Fee  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Petitions to the Commissioner  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Petitions related to provisional applications  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Submission of Information Disclosure Stmt.   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Recording each patent assignment per property (times number of properties)   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Filing a submission after final rejection (37 CFR 1.129(a))  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| For each additional invention to be examined (37 CFR 1.129(b))   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Other fee (specify) _____  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
|  | <b>SUBTOTAL (3) \$ <u>680.00</u></b>   |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| <p><b>FEE CALCULATION</b></p> <p>1. FILING FEE</p> <table><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Utility filing fee</td><td>_____</td></tr><tr><td>Design filing fee</td><td>_____</td></tr><tr><td>Plant filing fee</td><td>_____</td></tr><tr><td>Reissue filing fee</td><td>_____</td></tr><tr><td>Provisional filing fee</td><td>_____</td></tr><tr><td><b>SUBTOTAL (1)</b></td><td><b>\$ <u>0.00</u></b></td></tr></tbody></table>   | Fee Description  | Fee Paid              | Utility filing fee    | _____                             | Design filing fee            | _____  | Plant filing fee | _____                     | Reissue filing fee | _____                                  | Provisional filing fee | _____  | <b>SUBTOTAL (1)</b>                | <b>\$ <u>0.00</u></b>                               |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
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| Utility filing fee   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Design filing fee  | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Plant filing fee   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Reissue filing fee   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Provisional filing fee   | _____  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| <b>SUBTOTAL (1)</b>  | <b>\$ <u>0.00</u></b>  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| <p>2. CLAIMS</p> <table><thead><tr><th></th><th>Extra</th><th>Fee</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims Presented _____</td><td>- 20</td><td>= 0</td><td>x 9.00/18.00 = _____</td></tr><tr><td colspan="4">(a)</td></tr><tr><td>Independent Claims Presented _____</td><td>- 3</td><td>= 0</td><td>x 42.00/84.00 = _____</td></tr><tr><td colspan="4">(b)</td></tr><tr><td>Multiple Dependent Claim (first presentation) _____</td><td></td><td>= 0</td><td></td></tr><tr><td colspan="4">(a) Enter 20 or number previously paid for</td></tr><tr><td colspan="4">(b) Enter 3 or number previously paid for</td></tr><tr><td><b>SUBTOTAL (2)</b></td><td></td><td><b>\$ <u>0.00</u></b></td><td></td></tr></tbody></table> |  | Extra                 | Fee                   | Fee Paid                          | Total Claims Presented _____ | - 20   | = 0              | x 9.00/18.00 = _____      | (a)                |  |                        |  | Independent Claims Presented _____ | - 3   | = 0   | x 42.00/84.00 = _____                     | (b)   |  |       |   | Multiple Dependent Claim (first presentation) _____ |  | = 0   |                  | (a) Enter 20 or number previously paid for |  |       |                          | (b) Enter 3 or number previously paid for |   |       |  | <b>SUBTOTAL (2)</b> |  | <b>\$ <u>0.00</u></b> |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
|  | Extra  | Fee                   | Fee Paid              |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Total Claims Presented _____   | - 20   | = 0                   | x 9.00/18.00 = _____  |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| (a)  |  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Independent Claims Presented _____   | - 3  | = 0                   | x 42.00/84.00 = _____ |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| (b)  |  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| Multiple Dependent Claim (first presentation) _____  |  | = 0                   |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| (a) Enter 20 or number previously paid for   |  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| (b) Enter 3 or number previously paid for  |  |                       |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |
| <b>SUBTOTAL (2)</b>  |  | <b>\$ <u>0.00</u></b> |                       |                                   |                              |  |                  |                           |                    |  |                        |  |                                    |   |       |   |       |  |       |   |   |  |       |                  |  |  |       |                          |   |   |       |  |                     |  |                       |           |               |                           |              |                 |       |                               |       |   |       |  |       |  |       |   |       |  |       |                           |       |  |                                      |

Submitted By:

Typed or

Printed Name Patrick J. Hagan Reg. Number 27,643

Signature Patrick J. Hagan

Date September 3, 2003

Deposit Account User ID

04-1406